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## ORIGINAL COMMUNICATIONS



### TRAVELLING WITH A PATIENT IN EGYPT

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FIRST, shall it be done? Does Egypt offer anything to the invalid, or is it simply "that hot, dusty country," rather to be avoided than sought out, against which at least one physician recently warned an invalid?

To the first two propositions the writer desires to say "Yes," and to record a "No" against the last, admitting that there is dust in Egypt, and sometimes plenty of it, and that it is also hot at times. Outside of Cairo, however, the dust is not troublesome, and as for heat, why, that is what an invalid wants, and in that lies one of Egypt's chief advantages as a health-resort during the five or six months of the year when winter reigns in the greater part of America, and when even Southern Europe is often frigid and at the mercy of cold, damp winds. Do not let the fear of that deter an invalid from going to Egypt. On the contrary, there will probably be days, and certainly nights, when the mercury sinks lower than is desirable. During December and January on the Nile the mornings and evenings are almost invariably quite cool, and one can sit out-of-doors with comfort on very few nights of this period; certainly not without extensive wrapping up. A minimum night temperature of about 40° F. is usual on the Nile at this season, and the mercury may stand below sixty degrees in the shade during a considerable period of the day. Add to this a wind that is equally cold from north or south, and the chances are that enduring the tropical heat of Egypt will not be beyond most of us.

But in this we have given the other story,—not the days and days of uninterrupted sun-glow, during which for many hours it is possible to bask out-of-doors in a temperature of seventy to eighty-five or more degrees, breathing the invigorating air from desert or river and revelling in the renewal of health. It is well known that for dryness of climate Egypt is unsurpassed. Assouan in Upper Egypt, at the First Cataract, enjoys the distinction of being the driest accessible health resort in the world, and with its great warmth, permitting continuous out-of-door life, its superiority over other resorts of low humidity is very apparent. The Engadine may be drier, but that region is cold and practically out of the world. Colorado is nowhere so dry as this particular part of Egypt, and Florida, though occupying almost the same position as to latitude that Egypt does, is less warm and of very much greater humidity. The annual rainfall of Cairo, in Lower Egypt, is not over one and one-half inches. Almost never is there fog, and the dew is not troublesome anywhere in the land. Those who know tell us that increasing cultivation of the soil in Egypt is modifying the climate as to dryness and stability of temperature, but one doubts whether this will for a long time cause any material difference. As for the winds before mentioned, he who goes up the Nile in a sail-boat soon recognizes them as his best friend, and they at no season present a real problem. An occasional sand-storm adds variety, but no great misery if one stays indoors during its progress. The air of Egypt is always invigorating, and that of desert regions stimulates one as nothing short of champagne or residence on a mountain top can do.

It is said that all classes of disease do well in Egypt, except when so far advanced that the exertion of travel is hurtful. The various forms of nervous exhaustion and their accompanying digestive disturbances, chest, throat, and nasal troubles, rheumatism in its different manifestations, heart weakness, and nephritis are especially benefited by a winter—from October to April—in Egypt; and, to quote from a well-known Cairo physician, also “the very large class of people without organic disease who shrivel up sadly in a cold climate, and expand joyously in a sunny atmosphere where they are not perpetually reminded of their sensitiveness to cold or to taking cold.”

The difficulty of getting to Egypt is not great, even from America, and Cairo is only four days by comfortable steamer from Naples to Port Said or Alexandria, the train journey being shorter from the latter port. Objections to the expense of living in Egypt there may be, but this is less than is popularly supposed, and decreases with competition and with time.

However, the thing to do in Egypt for the invalid who is not con-

fined to bed and who has a party of from four to ten and can afford the cost of so luxurious a mode of travel is to take a dahabeah and sail from Cairo to Assouan on the Nile. Egypt, "the gift of the Nile," from any point of view or any physical locality, is a fascinating country, whose present interest almost or quite equals its past glory, and he who would know it truly must get at it intimately, from contact with its people and long contemplation of its landscape and its ruins, with much study of its history. Once launched upon the career of amateur Egyptologist, there is no hypochondriac in the world who would not forget his ailments and be happy. Not many of us have the enthusiasm requisite for living in tombs or amongst the fellahin, but from the deck of a dahabeah, sailing slowly along or stopping by the way when winds fail, the people and their habits, their boats and their villages, come to be of absorbing interest. Then come the days when there are excursions to ancient tombs or temples, when the crowd of donkeys and donkey-boys appears, and there is mounting and riding off in the midst of growing crops, through yellow desert sands, to study architecture, gods, and hieroglyphics, and to wonder at a nation which five thousand years before the Christian era, perhaps, was at a point of civilization excelled by ourselves at the present day in little else than the ability to cross an ocean to stand before their monuments. It is good for our American superiority to realize such things now and then.

For the invalid who objects to donkey-riding, or who is really not strong enough to mount one of the delightful little beasts, there are sedan-chairs in which to be borne by men or donkeys, and sand-carts are sometimes available; and there are, fortunately, a few temples quite near the river's edge which may be inspected with but little trouble or exertion. As to the comfort and luxury of dahabeah life, there can be but one voice,—an approving one,—and no mode of existence so annihilates time as this does, or offers so great but tranquil variety to one's days. But in the happiness of deck-life it should not be forgotten to go ashore every day for exercise. Probably the safer plan in securing a dahabeah is to put one's self into the hands of one of the well-known European tourist companies of Cairo, which will arrange all details of equipment and crew and take all responsibilities for the voyage, providing servants and a cuisine equal to that of the best hotels—or better, in its individuality and the possibilities of personal ordering, which, however, need not be undertaken unless one so desires. Fresh meat, poultry, and pigeons, and delicious fruit and vegetables are nearly always easily accessible along the Nile, and a taste for buffalo milk is not difficult of acquirement and is very useful where cows do not happen to be found, as sometimes will occur. It is quite possible to find

in Cairo a native dragoman who is thoroughly capable of conducting a party by dahabeah independently of a tourist company, and who can outfit and manage the boat with entire satisfaction. It is an advantage to select a man who can read English and who knows something of hieroglyphics.

The prospective Egyptian traveller does not need to take up the literature relating to the land beyond a few books of general information until he is in the country, but he should bring with him or get in Cairo as complete a library as he can afford of books dealing with Egypt, old and new, to be read diligently en the way up the river and again on the way back to Cairo. A hundred volumes will contain a wealth of information.

The ascent of the Nile by dahabeah, over the six hundred miles from Cairo to Assouan, may occupy anywhere from two weeks to two months, according to the winds, and the descent about three weeks. People who are willing to sacrifice the pleasure of sailing may take a steam-tug for a part or the whole of the distance, obtaining speed if nothing else. A popular method of "doing" the Nile, and useful to those whose time is really limited, is to take the excursion by three- or by four-weeks' tourist steamers to Assouan and return, but for invalids, except as a means of transit, these steamers are to be avoided. It would play havoc with the health of even a strong person to make all the excursions ashore contemplated by the steamer's itinerary. One may also go by train, and stop either from steamer or train at Luxor or Assouan, or go on from Assouan by steamer a still farther distance up the Nile. The tourist companies offer also private steamers for the Nile trip, but life in contiguity with a steam engine is not beneficial to an invalid, in the writer's opinion.

The towns of Luxor and Assouan possess excellent hotels, and are in the midst of interesting ruins which tempt the invalid to get well and explore them. Besides these places there is Helouan-les-Bains, whose waters are especially valuable to rheumatic subjects, located a few hours out of Cairo on the edge of the desert; near the Pyramids there is the Mena House, where the air is excellent and where patients do well. The Gezireh Palace Hotel is also well known. In fact, there is in Egypt an excellent and varied choice of localities and of modes of living. A long stay in Cairo, attractive as that city is, is not to be recommended, on account of the dust and the noise and the temptation to over-exertion induced by fashionable life.

At all the places named there are to be found good physicians, and the steamers have physicians on board, who will, if necessary, visit the dahabeahs. In Cairo there is a hospital with English nurses.

As to the outfit for an Egyptian winter, bring all the varieties of clothing you possess, and make up your mind that you will not object to changing your garments to suit the temperature. With thin flannels or none for warm days, and heavy ones for cold, and plenty of rugs and wraps at hand, a dahabeah winter on the Nile need never be anything but a season of comfort; and those people who at home in America spend half the winter with various ailments, the result of cold, suffer no inconvenience. On the Nile, for general wear, light flannel dresses are the most suitable; the much lauded khaki is valuable only as a dust-proof garment. A veil is necessary for shore wear, and smoked glasses, or those of wire gauze, are good protection for the eyes.

Medicines should be selected to suit the patient, with disinfectants, and a stock of simple remedies to give away to sailors and servants and to natives, who take kindly to drugs dispensed by the traveller, rebel as they may against going to a hospital when ill. It is very amusing, the number of small woes a boat's crew can produce, and a cough, an infected finger, a cut, or a bruise is always promptly reported and always responds to treatment, bringing forth the grateful thanks of the afflicted. In its present-day simple inhabitants lies one great charm of Egypt. They repay any amount of study, and in them open up qualities and capabilities undreamed of before one came in contact with them. The whole land of Egypt, river, desert, field, and mountain, in common with its people and its past, possesses an insidious and permanent charm, not possible to realize until one is on the spot, and which it is impossible to escape from forever afterwards.

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## THE MODERN HOSPITAL: ITS VALUE TO THE PATIENT AND TO THE PHYSICIAN

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IN 1876 Sir Joseph Lister read a paper on the subject of "Surgical Antisepsis" before the International Congress of Physicians and Surgeons at Philadelphia. Much criticised and even condemned by some of the surgeons of America in the discussion which followed, this paper marks the boundary-line between the hospital system of the past and that of the present. Following closely upon the teaching of the germ theory of disease, the introduction of asepsis marked the beginning of a great change in the systematic management of hospital service. Not many of us are so young as not to remember the old-time hospital, with